2002 UNIFORM BUSINESS REPORT (UBR)

May 19, 2002 8:00 am Secretary of State DOCUMENT # K01118 1. Entity Name 05-19-2002 90024 036 ***150.00 BRYMAR FINANCIAL GROUP, INC. Principal Place of Business Mailing Address 1191 E. NEWPORT CENTER DR. 119f E. NEWPORT CENTER DR. PH-B PH-B DEERFIELD BEACH FL 33442 DEERFIELD BEACH FL 33442 2. Principal Place of Business 3. Mailing Address Same Same Suite, Apt. #, etc Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite 103 Suite 103 City & State City & State 4. FEI Number Applied For Same Same 65-0018496 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Same Same Same Same Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name . Weinberg, Daniel WEINBERG, DANIEL J. Street Address (P.O. Box Number is Not Acceptable) LT 91 E. Newport Ctr 1191 E NEWPORT CENTER DRIVE PH-B Dr. DEERFIELD BEACH FL 33442 City Zip Code 33442 Deerfield Beach: 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible KILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing Tax filing requirement and elects to do so. \$5.00 May Be May 1, 2002 Fee will be \$550.00 Trust Fund Contribution (See criteria on back) Added to Fees Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. TITLE Delete TITLE PSTD ☐ Change Addition WEINBERG, DANIEL J. NAME NAME Weinberg, Daniel J. STREET ADDRESS 1191 E NEWPORT CENTER DRIVE, PH-B STREET ADDRESS 1191 E. Newport Ctr. Dr. #103 CITY-ST-7IP DEERFIELD BEACH FL 33442 CITY-ST-ZIP Deerfield Beach, FL 33442 TITLE ☐ Delete TITLE Addition ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition NAME. NAME ___ STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition STREET ADDRESS STREET ADDRESS CITY-ST-7IE CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

SIGNATURE: SIGNATURE AND TYPED OR PRINTED

h all other like empowered.

(9/01)

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